

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yolanda Razon-Collo	CHAPTER 100.1
Address: 4345 Likini Street Honolulu, Hawaii 96818	Inspection Date: July 12, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS No documentation of annual tuberculosis clearance for the following: • SCG #3 • SCG #4	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached are copies of the annual TB clearance for SCG #3 & SCG #4. I made copies from my cardhome folder. It was in the folder the whole time.</p>	<p>4/4/19</p> <p>#4 SCG</p> <p>4/22/19</p> <p>#3 SCG</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> No documentation of annual tuberculosis clearance for the following: • SCG #3 • SCG #4	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All SCG will have annual TB clearance. All SCG will be reminded 2 months ahead verbally to get new clearance before expiration date. Copies of the TB clearance will be placed in care home master folder before the previous clearance expires.</p>	<p style="text-align: right;">4/4/19 4/22/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> No documentation of PCG training for the following: • SCG #1 • SCG #2 • SCG #3 • SCG #4	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART I</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>All SCG's are trained & received annually by nurse case manager upon admission of adult resident at care home (ARCH) / Expanded ARCH (She used their own forms instead) residents per request of Primary care giver. Form provided by DCHA was completed by primary caregiver for each SCG after reviewing medications & how to record medications for each resident.</p>	<p style="text-align: right;">7/15/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> No documentation of PCCG training for the following: <ul style="list-style-type: none"> • SCG #1 • SCG #2 • SCG #3 • SCG #4 	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future the primary care-giver will review medications & recording of medications with all SCG of residents upon admission, complete OCHT form & place in residents' folder along with the case management RN Delegation of skills & medications forms.</p>	<p>19 APR 2019</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Senna tabs was transcribed to MAR.</i></p> <p><i>Ammonium lactate external lotion was transcribed to MAR.</i></p> <p><i>Cera Ve was transcribed to MAR.</i></p> <p><i>Midoquine was given BP was not given. Did not take to resident sleeping. Please see MAR. For 7/1 7AM, 7/5 11AM, 7/8 7AM notes, I am pretty sure it was not given, but initialled it by mistake. I'm sorry will be very careful next time.</i></p> <p><i>Morphine Sulfate concentrate was transcribed to MAR.</i></p> <p><i>Haloperidol lactate concentrate was transcribed to MAR.</i></p> <p><i>Focus Supplement was transcribed to MAR.</i></p> <p><i>Acetaminophen 325mg 2 tabs PRN Q4hs was transcribed to MAR.</i></p>	<p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p> <p>7/6/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - The following medication errors/discrepancies found: • "Senna S by mouth tab 8.6 - 50mg 1-2 tablet every day PO, hold if loose stools" however, not transcribed onto June 2019 medication administration record (MAR). • "Ammonium Lactate external lotion 12% two times a day TOP apply to dry skin areas" listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • "CeraVe itch relief external cream 1% PRN TOP apply to itchy skin areas" listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • "Midodrine HCL by mouth tablet 5mg 1 tab three times a day PO hold if SBP above 135. No doses after 6pm" ordered 6/28/19 however MAR initiated as given for 7/1/19 8am dose (BP 136/81), 7/5/19 11am dose (BP 146/86), and 7/8/19 8am dose (BP 136/71). • "Morphine Sulfate concentrate by mouth solution 20mg/ml PRN every 6 hours PO/SL" listed on admission orders dated 6/28/19, however, not transcribed to June MAR. • "Haloperidol lactate by mouth concentrate 2mg/ml 0.5 mg PRN every 6 hours PO/SL" listed on admission orders dated 6/28/19, however, not transcribed to June MAR. • "Focus supplement 1 cap every day PO" listed on admission orders dated 6/28/19, however, not transcribed to June MAR, discontinued 7/5/19. • "Acetaminophen by mouth tablet 325mg 2 tab PRN every 4 hours PO/crushed max 2000mg in 24 hours", however, MAR does not indicate "max 2000mg in 24 hours".	<div style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Will utilize check list which includes double checking when case manager creates MAR for all new admissions.</i></p> <p><i>I added a legend to my MAR H = Hold if SBP > 135. Will refer to when passing medications.</i></p>	<div style="text-align: center;"> 8/21/19 8/24/19 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Fire evacuation route wheel chair ramp obstructed by ladder (2), mattress, metal bed frame (2). Exit gate obstructed from outside by city and county blue recycle bin.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> Materials blocking emergency exit were removed. Confirmed by Mr. Piper fire inspector. </p>	<p align="center">7/15/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (E)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Fire evacuation route wheel chair ramp obstructed by ladder (2), mattress, metal bed frame (2). Exit gate obstructed from outside by city and county blue recycle bin.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Will utilize a sign that state "Keep wheel chair access clear." To be posted at all fires.</p>	<p style="text-align: right;">7/21/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 Physical environment. (b)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Bathroom (located off of hallway) did not have single use paper towel or hand soap.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Paper towels & hand soap were placed in hallway bathroom the same day as the inspection was done.</p>	<p style="text-align: center;">7/12/19</p> <p style="text-align: center;">7/12/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Bathroom (located off of hallway) did not have single use paper towel or hand soap.	<div data-bbox="1242 1220 1349 1451"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="1101 974 1208 1703"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> </div> <div data-bbox="592 982 1062 1772"> <p>Will utilize an environmental checklist periodically that includes checking bathroom, paper towel and hand soap and pillow covers / resident names. fixtures are operating properly.</p> </div>	<div data-bbox="980 1772 1062 1906"> <p>8/21/19</p> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> . (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> Various pillows with neither plastic pliable covers nor resident's names labeled.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Resident had his own pillows. All pillows labeled the same day as the inspection. Resident preferred No plastic cover.</i> </p>	<p style="text-align: center;">7/12/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> Various pillows with neither plastic pliable covers nor resident's names labeled.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Will utilize an environmental checklist periodically that includes checking bath room, Paper towel and hand soap and Pillow covers / resident names. Fixtures are operating properly.</i></p>	<p style="text-align: right;">8/29/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment. (f)</u> Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. FINDINGS Bathroom (located off of hallway) – faucet in shower dripping with catch basin below to catch water.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Bathroom shower drip fixed by repairman. No longer drips.</i> </p>	<p style="text-align: center;">7/20/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> Bathroom (located off of hallway) – faucet in shower dripping with catch basin below to catch water.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will utilize an environmental checklist periodically that includes checking bathroom, Paper towel and hand soap and Pillow covers / resident names. Fixtures are operating properly.</p>	<p style="text-align: right;">8/21/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. FINDINGS Resident #1: <ul style="list-style-type: none"> Care plan denotes "Check for BMs". Also, Dulcolax Rectal suppository 10mg PRN PR for no BM x3 days ordered on 6/28/19, however, no documentation or flowsheet for tracking resident's bowel movements. Care plan also states "provide bed alarm when resident in bed". No bed alarm for resident's bed. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>a) Resident had a BM everyday but not been notified.</p> <p>b) Bed alarm had been used at previous home when stronger. Did not come to ARCH with a bed alarm in his possession. RLL ordered bed alarm and came after inspection on Monday 7/15/19.</p>	<p style="text-align: right;">7/15/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. FINDINGS Resident #1: <ul style="list-style-type: none"> Care plan denotes "Check for BMs". Also, Dulcolax Rectal suppository 10mg PRN PR for no BM x3 days ordered on 6/28/19, however, no documentation or flowsheet for tracking resident's bowel movements. Care plan also states "provide bed alarm when resident in bed". No bed alarm for resident's bed. 	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>a) In the future daily BM will be documented in a line in medication MAR "Date of bowel movement" below</p> <p>b) Bisacodyl in MAR with "✓, x2 or 0 for none" to indicate if Bisacodyl needed.</p> <p>c) In the future, when identifying a resident, the care plan will be reviewed in detail with primary caregiver and case manager & temporarily adjusted if equipment not available.</p>	<p style="text-align: right;">7/15/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. FINDINGS Resident #1 - No documentation of administration (or residence refusal) of flu vaccine or pneumovax vaccine.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Resident was given Prevacar on 3/21/16 for pneumococcal vaccine. Last flu shot 10/13/16 on 10/13/16. Resident was admitted as hospice for last days support.</i> </p>	<p style="text-align: center;">7/15/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements: (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 - No documentation of administration (or residence refusal) of flu vaccine or pneumovax vaccine.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future on admission will have documentation of immunizations & Dr's note if medically not advised to resident refused copy attached.</i></p>	<p style="text-align: right;">19 APR -5 AM 11 32</p>

Licensee's/Administrator's Signature:

Print Name:

Date:

Theresa R. Collins
Theresa R. Collins
8/1/19

Licensee's/Administrator's Signature:

Print Name:

Date:

Theresa R. Collins
Theresa R. Collins
8/21/19